

Appeal Period Expires 4/8/22  
 Zoning District R2

**Town of Essex, Vermont**  
**Application for Zoning Permit**  
 (Building Permit)

Application Date 1/1  
 Permit Number 2022-27

- Contact State Permit Specialist Jeff McMahon (477-2241) to check for state permitting and/or setbacks.
- Post permit card visible to the road immediately as Permit is appealable within 15 days of issuance.
- Call the Zoning Administrator at 878-1343 to schedule a Certificate of Occupancy inspection if indicated below as required.
- Call the Assessor at 878-1345 to schedule a re-assessment upon completion of work.

Signed: [Signature]

Parcel Account Numb. (Map-Parcel-Lot) 2-050-026-000

Property Address: 4 Tangle Wood Dr

Owner: Loriana J Abney + Patrick Lemon

Owner Address: P.O. Box 8423 Essex VT

A Owner Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_  
 (cell) 802 310 3060 (Email) \_\_\_\_\_

Contractor  
 Tenant name: B. Godfrey Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Estimated Construction Dates: Start: 3/25/22 Completion: 4/28/22

Sq. Feet: 800 Estimated Cost (labor & materials): \$27,000

**G**

Check box(es) which describe proposed use or construction (circle choice in parenthesis).

N = New A = Addition R = Remodel

<i>Residential:</i>	N	A	R
Single Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two-family (duplex)(other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condominium / Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Inclusions or Additions:</i>			
Garage (attached)(detached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porch (enclosed) (open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool (in) (above) ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barn (residential) (agriculture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Non-residential:</i>			
Commercial / Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stormwater:</i>			
Stormwater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			
Change in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*sitting room*

B Sewage Disposal (Please attach Sewer or Septic Application).  
 Public  Septic  Connection Fee \$ \_\_\_\_\_ Date Paid: 1/1  
 Proposed New Bedrooms: \_\_\_\_\_ Existing Bedrooms \_\_\_\_\_

C Water (Please attach Water Service Application).  
 Public  Well  Fee \$ \_\_\_\_\_ Date Paid: 1/1

D Driveway (Please attach copy of approved Curbside / Utility Application).  
 Date of approval 1/1 *EXISTING*

E Stormwater *nA*  
 Project disturbs an area greater than or equal to 1 acre – Erosion Control Permit Required. Attach completed permit application.  
 Project creates new or expands existing impervious surface greater than or equal to 1/2 acre – Erosion Control Permit and Stormwater Management Permit required. Attach completed permit application.

F Diagram – Show a sketch of project on reverse of this application with property lines, building, and setbacks or attach separate sheet.

G see attached

Signature of Tenant and Signature of Owner [Signature]

**Office Use Only**

Fees:	Type	Amount	Date Pd
Permit		\$ <u>75.</u>	<u>3/24/22</u>
Recreation		\$ _____	
Recording		\$ <u>15.</u>	<u>3/24/22</u>
Certificate of Occ		\$ _____	
Other		\$ _____	

Building Permit  
 Approved  Rejected  Date 3/24/22  
 Issued to: ABNEY + LEMON  
 Zoning Administrator: Starr L. Kelly  
 Notes: \_\_\_\_\_  
 C.O. Required Yes  No

**THIS PERMIT VALID FOR TWELVE (12) MONTHS FROM DATE OF ISSUE  
 RENEW FOR 1 YEAR (FREE) IF NOT EXPIRED**

# SKETCH/AREA TABLE ADDENDUM

Parcel No 2050026000

Property Address 4 Tanglewood Dr

City Essex (Town)

State VT

Zip 05452

Owner

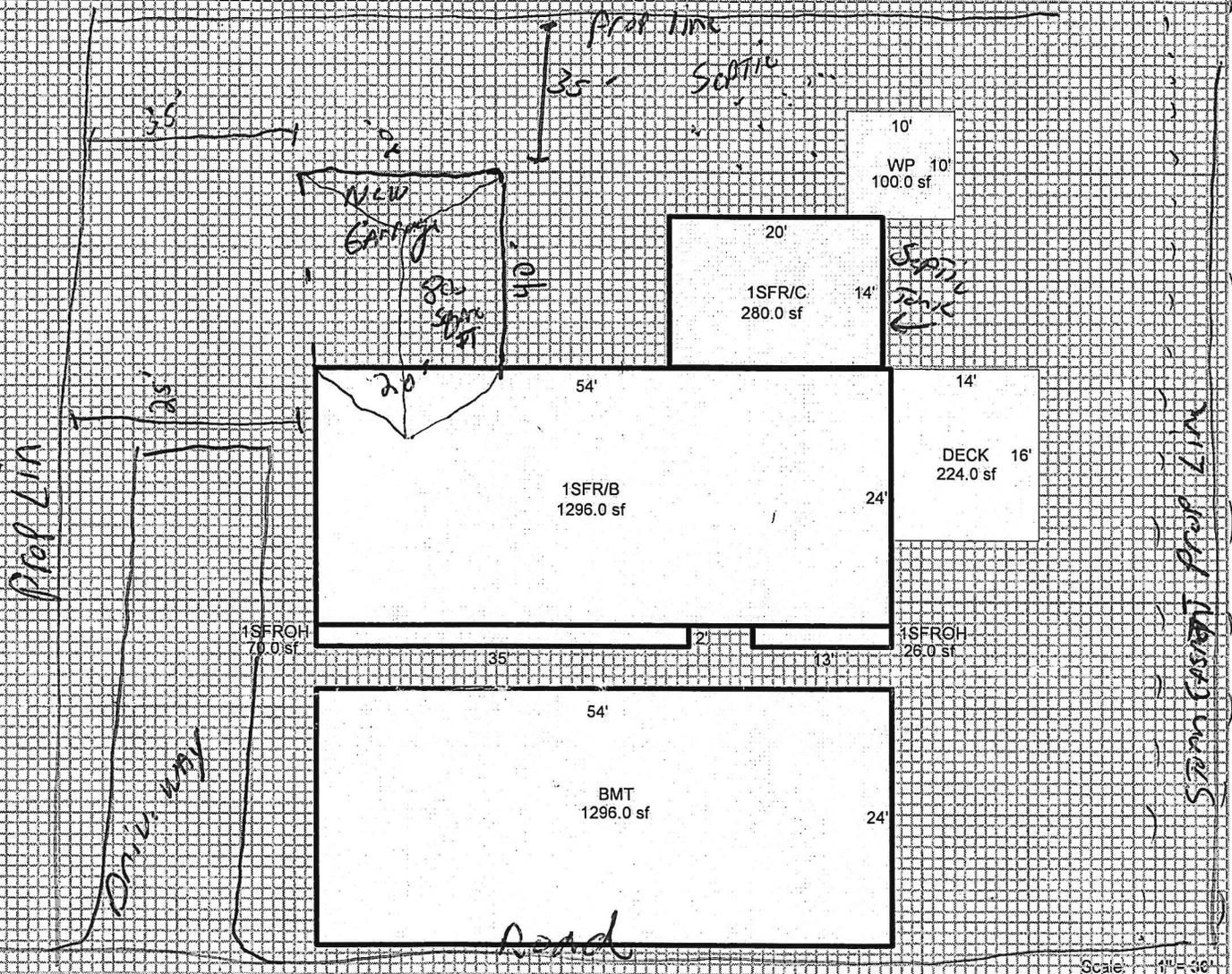
Client

Appraiser Name

SUBJECT

IMPROVEMENTS SKETCH

AREA CALCULATIONS



Scale: 1" = 30'

## AREA CALCULATIONS SUMMARY

Code	Description	Factor	Net Size	Perimeter	Net Totals
1FL1	1SFR/B	1.00	1296.00	156.0	1672.00
	1SFR/B	1.00	70.00	74.0	
	1SFR/B	1.00	26.00	30.0	
	1SFR/C	1.00	280.00	68.0	
1BS	BMT	1.00	1296.00	156.0	1296.00
P/P11	DECK	1.00	224.00	60.0	224.00
P/P12	WP	1.00	100.00	40.0	100.00

## Comment Table 1

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## Comment Table 2

## Comment Table 3

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Net BUILDING Area (rounded w/ factors) 1672